

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jose Moises Martinez
Name

(2) 1650 W 44th Pl APT 117
Address (number and street)

Hialeah, FL, 33012
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City Council Group 5

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 05 / 01 / 2020 To 05 / 31 / 2020 Report Type: M5-2020

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 200.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 10.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 525.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 20.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Daysi Martinez

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Daysi Martinez
Signature

(Type name) Jose Martinez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Jose Martinez
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jose Moises Martinez (2) I.D. Number _____

(3) Cover Period 05 / 01 / 2020 through 05 / 31 / 2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
05, 30 2020 1	Jose Martinez 1650 w 44th pl Apt 117 Hialeah, FL, 33012	I	Bread Distributor	check			\$200.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jose Moises Martinez

(2) I.D. Number _____

(3) Cover Period 05 1 01 2020 through 05 1 31 2020

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
05/29/2020	Wells Fargo Bank 4299 NW 36th St Miami Springs, FL, 33166	Monthly Service Fee	Petty cash spent		\$10.00
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